EFFECT OF SELF CONCEPT AND SOCIAL SUPPORT ON THE PERCIEVED MENTAL HEALTH: A STUDY OF MALE AND FEMALE UNDERGRADUATES.

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Effect of Self Concept and Social Support on the Perceived Mental Health: A Study of Male and Female Undergraduates.

Introduction:

Health is defined as a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease. 'A healthy mind resides in a healthy body' has been recognized as a social ideal for many centuries. The term mental health is used to describe the level of cognitive, emotional well-being and the absence of mental disorder. From the perspective of the discipline of positive psychology and holism, mental health involves a person's ability to enjoy life and achieve a balance between life activities and efforts to achieve psychological resilience.

The World Health Organization (2001) defines mental health as a state of well-being in which a person copes with the normal stresses of life to the best of his abilities and works productively. Through mental health, one is able to contribute to one's community. There is no single authentic definition of it. Cultural differences, subjective assessments, and competing professional theories all influence the definition of "mental health".

Psychologists have emphasized different aspects of mental health in their definitions. Mandell (1995) stated that "mental health is the complete and harmonious functioning of the entire personality". Galderisi (2017) writes that mental health is not a static state but involves continuous adjustment and is therefore a progressive goal. This creates full possibility of dealing with the present and adjusting satisfactorily to the future. The White House Conference in its report (1930) stated, "Mental health may be defined as the adjustment of individuals to themselves and to the world around them, with maximum satisfaction, happiness and socially considerate behaviour and ability to cope. "

The purpose of mental health is from both personal and social level. According to Joe Stevenson, personal purpose is that a mentally healthy person can pursue appropriate and professional objectives and live a better life by using his talents and abilities. A mentally healthy person has self-respect, self-reliance, self-concept, adjustment and a sense of achievement and knows that he is liked by people. There is a feeling of belongingness and respect in him. They accept, respects and loves others like them. They have a feeling of security and is relatively at peace with environment. According to Richards, Campania, and Muse-Burke (2010), "There is growing evidence showing that emotional competencies are associated with pro-social behaviours such as stress management, mental health, and physical health". His research also concluded that people who lack emotional expression tend to behave inappropriately and these behaviours are a direct reflection of their mental health. Mental health refers to the mindset of a person. Good mental health improves the life of students, whereas bad mental health can prevent students from living a normal life. Das et al. (2007) examined the correlates of mental health in five developing countries and found that being students, older, female, widowed, and poor physical health were always related to poor mental health outcomes. Begum and Sultana in 1999 studied the attitudes towards mental illness and mental patients of people who did not have any mental patients in their family. They found that there was not significant difference in attitudes towards mental illness in the two group of subjects, while there was a significant difference in attitudes toward mental patients. Das (2009) found that gender diverse students suffer from psychological distress. Men had higher levels of somatic symptoms and anxiety. Anxiety was found to be more among the students of science faculty as compared to other faculties. Moderate to severe levels of stress were found in most of the students. Paradkar (2011) revealed in his study that half of the first-year students experienced psychological distress. He highlighted that students were in a period of transition so

the academic demands caused stress. Similarly, Singh (2010) concluded that 15% students were at suicidal risk and 9% students were depressed.

Self-Concept:

Self-concept refers to a person's image of himself. This image continues to evolve. It keeps changing when exposed to external and internal factors. The discussion of self-concept is important for the students. Self-concept is the sum of a person's beliefs about themselves, including their characteristics and who and what they are. The deepest is personal self-assessment in various areas of life (Baumeister, 1999). As psychologists show, the development of self-concept begins in childhood then develops intensively during adolescence and later during career development and personal life (e.g. Kagan, 1981, Sebastian et al., 2008). Since self-concept develops greatly due to interactions with others. Luke (2011) believes, because humans are social creatures, they develop an understanding of themselves as a result of their relationships with the people they come in contact with. Self-concept is relevant to what and how we perform in life and career in general. For example, research shows that high self-esteem is good. According to Zhu et. Al. 2016 self-concept, mental health, and social adjustment were significantly correlated with each other and the mediation effect ranged from 8% to 20% of the total effects. Conclusion: Self-concept directly influences the mental health of college students; social adjustment plays a mediating role between self-concept and mental health among college students. According to Fan and Fu 2001, self-concept is the perception and evaluation of oneself and the social environment that is formed during the process of socialization and its formation and development is a dynamic and changing process. It is the sum of a person's self-realization (Byrne 1986).

According to Li, Zhang and Feng 2010, self-concept development occurs most rapidly in college and is where students face the most problems. Li 2005 and Nie et. al. 2008 found that college

students' self-understanding and evaluation not only affects their own behaviour, but also their mental health. Xi and Wang 2005 have found studies that there is a significant positive correlation between self-concept and mental health, which has a predictive effect on mental health. Self-concept may prevent social dysfunction as well as mental health problems (Gilman and Huebner 2006). That is, college students with good self-concept can evaluate themselves more objectively, and actively accept themselves, thus maintaining their own mental health (Ybrandt 2008). Ellis and Davis 19982 investigated in their study of the adolescent's stage, concluded that the expansion, restructuring and crystallization of the self-concept are critical to understanding adolescent's psychology. Shavelson and Bouls 1982 in his study emphasized that enhancing students' self-concept is important as a goal of education and as a moderator and cause of educational achievement.

Social Support:

Social support is the physical and emotional comfort we get from our family, friends, co-workers, and others (Langford et al. 1997). Social support is generally considered a psychosocial coping resource that positively influences individuals' personal resources such as self-esteem and self-efficacy and prevents the negative consequences of stress (Thoits, 1995). Social support is provided by important people who play an important role in our lives. Generally, the best support comes from people with whom one has a close relationship. These include parents, siblings, children, other family members, friends, co-workers, neighbours, and sometimes even strangers. These relationships provide a better level of social support. Social support and emotional support A person's emotional or affective needs are met by offering compassion, fear, care, love, trust, validation, closeness and understanding, support or care. The concept of social support is multidimensional. The cognitive/functional/qualitative aspect of social support refers to an

individual's evaluation of the social support he or she experiences (Kent et. Al. 2018). How integrated a person is within his or her social network; That is, how integrated one is in the quality or depth of relationships. Furthermore, there are important aspects of social support such as emotional (i.e., reassurance of worth, sympathy, affection), instrumental (i.e., material assistance), and informational (i.e., advice, guidance, feedback) (Taylor 2011, Cutrona and Russel 1987).

During this period of transition into adulthood, youth attend some form of graduate educational institution. These students face new social environments, including greater independence and less adult supervision (Lefkowitz, 2005) and they often experience homesickness, missing friends, feelings of isolation, and increased interpersonal conflict (Butte et al., 2007). Studies show that social support is understood from a subjective perspective, which includes emotional support, esteem support, social integration, network work support, provision of information and feedback, and tangible assistance (Sarason et. Al. 1990). Islam and Iqbal 2008 conducted a study to investigate the impact of social support on mental health. A total of 100 adult respondents (50 normal, 50 mentally ill) aged 18 to 45 years were selected for the study sample. The findings of the study indicate that normal and mentally ill patients differ from each other in terms of social support, that is, the more social support they have, the better the mental health of the respondents. The result also showed that the mental health of normal people was better than that of mental patients and at the same time there was no significant effect of gender on normal and mental patients. Social support plays an important role in achieving and maintaining good mental health, prevention and recovery (Topper et al citation 2011; United Nations citation 2020; Wang et al citation 2018). Findings from previous studies suggest that social support provided by a variety of individuals and services plays an important role in promoting community integration and networks for individuals with severe mental health challenges (Salehi et al. and Terry et al. 2019). Carmel

et. Al. 1997 examined 225 adults in their study and found that when a person's relationship with mental health and social support is poor, mental health is also poor in receiving social support as expected. Li, Luo Mu et al. (2021) conducted a survey with 23,192 participants aged 18–25 and had respondents answer a questionnaire that included items on COVID-19 related support. In conclusion, patterns of social support and potential profiles were similar across groups, while significant differences in mental health were shown between different profiles of social support. Interaction analysis revealed that resilience had a positive association with mental health and that social support acted as a buffer against the negative impact of low resilience on mental health.

Review of Literature

Das et al. (2007) examined the correlates of mental health in five developing countries and found that being students, older, female, widowed, and poor physical health were always related to poor mental health outcomes.

Paradkar (2011) revealed in his study that half of the first-year students experienced psychological distress. He highlighted that students were in a period of transition so the academic demands caused stress. Similarly, Singh (2010) concluded that 15% students were at suicidal risk and 9% students were depressed.

Zhu et. Al. 2016 self-concept, mental health, and social adjustment were significantly correlated with each other and the mediation effect ranged from 8% to 20% of the total effects. Conclusion: Self-concept directly influences the mental health of college students; social adjustment plays a mediating role between self-concept and mental health among college students.

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Having reviewed the survey of literature, various studies have been found on such variables which were undertaken for the present-piece of research work. But work of the studies have been found with particular reference to Mithila region. Hence, the present-piece of research work is of utmost value which way till the void of knowledge is the concerned area chosen by present investigation.

Objectives of the present proposed research:

The broad objectives of the proposed research work are as follows.

1. To investigate the self-concept and social support on mental health among undergraduates of Mithila region.
2. To study the interactive effect between the self-concept and social support on mental health among undergraduates of Bihar.
3. To explore the correlation between the self-concept and social support with mental health among undergraduates of Bihar.
4. To study the gender, family type and socio-economic status on mental health among undergraduates of Bihar.
5. To find the correlation in gender, family type and socio-economic status in mental health with self-concept and social support among undergraduates of Bihar. Etc.

Hypotheses:

The following tentative hypotheses have been formulated. To achieve the goals of the present study.

1. There will be no significant correlation ship between self-concept and social support among male undergraduates.
2. There will be no significant correlation between self-concept and social support among female undergraduates living in Mithila region.

3. There will be no significant difference between male and female undergraduates in terms of their degree of self-concept.
4. There will be no significant correlation ship between self-concept and mental health among female undergraduates.
5. There will be no significant correlation ship between self-concept and mental health among male undergraduates.
6. There will be no relationship between social support and mental health among female undergraduates.
7. There will be no relationship between social support and mental health among male undergraduates.
8. There will be no significant difference between male and female undergraduates in terms of their degree of social support.
9. There will be no significant difference between male and female undergraduates in terms of their degree of self-concept.
10. There will be no significant difference between male and female undergraduates in terms of their degree of mental health.

Research Methodology:

The following steps have been planned to carry out the research work

Variables: For the present study the following variables are undertacan.

Independent variables: (i) Self-Concept (ii) Social Support

Dependent variable: Mental Health

Sample: The sample in this study shall be collected through random sampling technique from various colleges (constituent and affiliated) from Mithila region in the prbut-study, it has been decided to cover near about- N= 400 sample comprising male undergraduate (n=200) and female undergraduate (n=200).

Tool and Material used:

The following measures are likely to be used in the present piece of proposed research work.

1. **Mental Health Inventory:** For measuring mental health of the undergraduates, an inventory developed by Jagdish and Srivastava (2003) is likely to be used. This scale consisted of 55 items and each item was rated on 4 point rating scale ranging from always to never with a score of 1 to 4. Inventory comprises of six dimensions such as, Positive self-evaluation (PSE), Perception of reality (PR), Integration of personality (IP), Autonomy (Autonomy), Group-oriented attitudes (GOA), and Environmental Mastery (EM). In this inventory high score indicates good mental health and low score indicates poor mental health. The reliability of the whole scale reported by author is 0.73. Moreover, similar scale is also likely to be used dependinding upon the availability of the scale.
2. **Social Support Questionnaire**: For measuring social support of the undergraduates, a scale developed by Nehr, Kulhara and Verma (1998) and other scale is likely to be used. The questionnaire consist of 18 items having four alternative responses. In this cale total score indicates the amount of support perceived by the individual. Higher score indicates more perceived socialsupport in this scale.

3. **Self-concept Scale (CSCS):** In order to assess self-concept of undergraduates, a scale developed by Dr. S. P. Ahluwalia (1986) is likely to be used and other similar scale is also likely to be used depending upon the availability of the said measure. This questionnaire consisted of 80 items. In self-concept there were 6- dimensions: Behaviour, Intellectual and school status, physical appearance and attributes, anxiety, popularity, happiness and satisfaction. Each item was measured on Zero-point scale viz., 'Yes' () 'No' (). In the scale there are 14 lie items to detect whether the children and adolescents have filled it accurately or not. The scale items are scored in a positive or negative direction to reflect the evaluation dimension. A high score on the scale is presumed to indicate a favorable self-concept. This self-concept scale is quite reliable as the test-retest and split half reliability coefficients are .88 and 79 respectively.
4. **Biographical Information Blank (BIB):** For tapping biographical information of the respondents the Biographical Information Blank (BIB) will also be prepared that include the subjects' age, family income, qualification, sex, marital status, number of brothers and sisters, Mother Qualifications, Father Qualification, etc.

PROCEDURE:

The above mentioned three test materials along with Biographical Information Blank will be administered in printed form individually on all undergraduates studying in different constituent and affiliated colleges of of L.N. Mithila University, Darbhanga. After collecting the data on the above-mentioned scales, they will be scored according to the procedure and the individual score will be obtained.

STATISTICAL ANALYSIS:

Appropriate statistical techniques will be applied for analyzing the data depending upon the design of research.

Having analyzed the data, the obtained results will be discussed and interpreted in the light of aims and objectives and observations experienced by the present investigator during the investigation. Finally, conclusions will be drawn in the light of hypotheses examined.

TENTATIVE CHAPTERS:

Finally, the report of research work will be presented in the following chapters:

CHAPTER I : INTRODUCTION

CHAPTER II : REVIEW OF LITERATURE

CHAPTER III : OBJECTIVES AND HYPOTHESES

CHAPTER IV : RESEARCH METHODOLOGY

CHAPTER V : RESULTS & DISCUSSIONS

CHAPTER VI : CONCLUSION, SUGGESTION AND SUMMARY

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APPENDICE

N.B. :- Minor changes may be done in due course, if needed during the process of research work.

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